# APPLICATION FOR EMPLOYMENT

# AUXILIARY TROOPER VERMONT STATE POLICE



www.vtsp.org/auxiliary

The State of Vermont is an Equal Opportunity Employer. Discrimination because of race, color, religion, ancestry, national origin, sex, sexual orientation, place of birth, age, or against a qualified person with disabilities, or any other non-merit factor is prohibited. Any applicant for employment who feels discriminated against in his or her opportunity for employment shall have the right to appeal. Such appeals shall be submitted in writing to the Commissioner, Department of Public Safety, 103 South Main Street, Waterbury, Vermont 05671-2101 no later than 30 calendar days from the effective date of the action being appealed.

### Auxiliary Trooper Application Vermont State Police

www.vtsp.org/auxiliary

The Vermont State Police believe that diversity within its workforce provides a department best suited to serve the needs of Vermont citizens, in keeping with that philosophy, minority groups and women are strongly encouraged to apply.

Your completed application for the position of Auxiliary Trooper with the Vermont State Police must be mailed to:

Vermont State Police Office of Professional Development 317 Academy Road, West Cottage Pittsford, VT 05763

Telephone number: 802-483-2606

Newspaper

You must i	nclude the following with your application:
<ul><li>□ A co</li><li>□ A co</li><li>□ A co</li></ul>	s completed application opy of your birth certificate opy of your driver's license opy of your high school diploma or G.E.D (not college transcripts) opy of your military separation papers (if applicable) oppleted residency questionnaire (attached)
testing date	receipt of your completed application, you will be notified in writing of the e, time, and location. The complete testing process will require three trips to nt testing sites.
From what Police?	source did you learn of the career opportunities within the Vermont State
	☐ Radio
	<ul><li>☐ Television</li><li>☐ Website</li></ul>
	□ Social Media (Facebook, Twitter)
	□ Career Davs

□ Other \_\_\_\_\_

## Auxiliary Trooper Application Vermont State Police

www.vtsp.org/auxiliary

#### **Basic Requirements**

Minimum Age: 19 (at date of employment)

18 (when examination process commences)

Vision: At least 20/50 uncorrected in each eye, corrected to 20/20 if

glasses are worn. If a successful contact lens wearer for at least one (1) year prior to testing, there is no minimum uncorrected requirement; however both eyes must be corrected to 20/20 with

120° peripheral vision. Normal color perception.

Hearing: Normal

Health: Mental and physical condition appropriate to successfully perform

with reasonable accommodation, the essential job functions for this position. Essential job functions are available on our website,

vtsp.org/auxiliary or by contacting the Office of Professional

Development.

Education: High School diploma or G.E.D.

Military: Not required. However, if military service has been performed, an

honorable discharge or separation must have been obtained.

Residency: United States citizenship and Vermont residency is required.

Driver's License: Must possess a valid Vermont motor vehicle license. Your right to

operate a motor vehicle may not have been suspended or revoked

within twelve (12) months of application.

Drug Use: Applicants must be drug free for a period of one (1) year prior to the

date of application

## Auxiliary Trooper Application Vermont State Police

www.vtsp.org/auxiliary

### **General Information**

Applicant Name:	Last (including suffix)			First	Middle		
ivallie.	Street						
Current							
Mailing:	City / Town			State	Zip		
Telephone:	Home			Cell			
Email:							
Social Security #			Date of	Birth (attach copy of birth certif	icate)		
Gender:	Male / Female (for st	atistical	purposes	only, in compliance with 29 C.	F.R)		
Have you pr	eviously submitted an			or this position?	Yes /	No	
	If yes, when?	(mont	h & year)				
Please pro	Please provide the following information Yes No						
	er been arrested or co				w in		
_ , ,	any jurisdiction? (including motor vehicle offenses)						
If yes, explain fully: (a record of certain arrests or convictions is not an automatic rejection of your application)							
Are you a citizen of the United States?							
Do you possess a valid driver's license? (attach a copy to this application)							
What state	9?		Licen	se #:			
Has your privilege to operate a motor vehicle ever been suspended or							
revoked in any jurisdiction?							
If yes, explain the circumstances and when:							
Do you have	a high school diploma	a or e	quivale	ent?			
(please attach a copy of your diploma or certificate)							

# Auxiliary Trooper Application Vermont State Police www.vtsp.org/auxiliary

Please provide the following information	Yes	No
Have you ever served in the United States Military Service?		
(please attach a copy of your separation papers, DD Form 214)  If yes, dates of service: From to		
What type of separation did you receive?		
Have you ever taken the Vermont Criminal Justice Training Council written Exam?		
If yes, when? Where?		
Agency / school / Department:		
Are you currently certified as a law enforcement officer in the State of Vermont?		
Please enclose a copy of your Vermont Criminal Justice Training Council Law Enforcement Certificat  If yes, indicate if you are  Part-time certified  Full-time certified  Date of certification:	ion	
If you are an individual with a disability as defined by the American Disabilitie need reasonable accommodation, please list your needs here:	s Act a	₃nd
APPLICATION CERTIFICATION		
I hereby certify that my application form and all attachments are true and conthe best of my knowledge. I am aware that if an investigation discloses intenomissions, misrepresentations, or falsification, my application will be rejected removed from any register, and if already employed, I may be dismissed from Department of Public Safety; furthermore, I may be disqualified from applying future for any positions covered by the Rules and Regulations of the Department Public Safety.	tional , my n n the j in the	ame
Signature of Applicant Date		-

## Auxiliary Trooper Application Vermont State Police

www.vtsp.org/auxiliary

### RESIDENCY QUESTIONNAIRE

esid	lency Requirement: You must be a Ur	nited States Ci	tizen and Vern	nont Reside
1.	Complete name and current address:			
2.	Is this your permanent residence: (circle one)	Yes (if yes,	go to Question	# 5)
	Are you a student? Are you in the Armed Forces?	Yes Yes	No No	(circle one)
5.	How long have you lived at your currer	nt address? _		
6.	What state are you a native of?			
7.	List all addresses for the last five (5) ye	ears, with date	s of residency:	
	From: To:		To:	
	From: To:	From:	To:	
	From: To:		To:	
8.	If you answered no to Question 2, give explanation why you are at a temporar		ent residence v	vith an

# Auxiliary Trooper Application Vermont State Police

www.vtsp.org/auxiliary

#### **WAIVER**

I have applied for a position as a Vermont Auxiliary Trooper. Testing for this position includes attaining a passing score on a physical performance assessment administered by the State Police Office of Professional Development. I have read and understand all performance standards that must be met and certify that I am in sufficient physical and emotional condition to participate in all aspects of the assessment. I know of no existing or pre-existing physical or emotional condition, nor am I taking any drug or medication which might preclude me from performing any aspect of the physical assessment to the required standards or which might cause me harm by attempting to perform the same.

I am participating in this assessment voluntarily and hold the Vermont State Police and the State of Vermont harmless for any injury, illness or disability that may arise from my participation. I voluntarily assume all risks associated with meeting or exceeding the minimum performance standards.

Signature			
Date			

## Auxiliary Trooper Application Vermont State Police

www.vtsp.org/auxiliary

#### INFORMATION ABOUT THE HIRING PROCESS

This application shall be valid for a 12-month period, beginning with the completion of the physical exam and placement on a hiring roster. If you have not been hired with that period and you wish to continue to pursue employment with the Department of Public Safety, a new application must be submitted.

	This completed application
	A copy of your birth certificate
	A copy of your high school diploma or G.E.D
	A copy of your driver's license
	A copy of your military separation papers (if applicable)

Your complete application packet needs to include:

Mail your completed application to:

Vermont State Police Office of Professional Development 317 Academy Road, West Cottage Pittsford, VT 05763

☐ The attached residency questionnaire

The employment process consists of four stages and will take approximately six months to complete. The complete process will require at least three trips to our testing sites.

Phase 1	Written test / Physical Fitness Assessment
	MMPI test (psychological)
Phase 2	Hiring panel interview
Phase 3	Polygraph
Phase 4	Background / Medical exam

Any questions about the process, or about the status of your application, can be directed to the Office of Professional Development at 802-483-2606.

Thank you for your interest in the Vermont State Police Auxiliary Program.